

CLAIMS ONLY	Application Number	Filing Date
	10/517936	
	Applicant(s)	

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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46						
47						
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49						
50						
Total Indep			3			
Total Depend			10			
Total Claims			13			